

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99002 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ ten hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 3, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martha T Burke

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 78 Years, Months, Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 63 years

Place of Death, { Give Street and Number. } 1135 W Lombard St

Cause of Death, { First (Primary), Second (Immediate), } Old age

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co. Franklins Road

Date of Burial, April 5

Undertaker, Joseph B Cook James Bosley M. D. Medical Attendant.

Place of Business, 103 W Baltimore Address, 1701 Hall St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



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# Health Department, City of Baltimore.

Permit No. 99003 Office of Registrar of Vital Statistics. Ward 2<sup>1</sup>/<sub>4</sub>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 1<sup>st</sup>, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thos. E. Bartoby

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 40 Years, Months, Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation, Seaman

Birth Place, { State or country, and how long in the United States, if of foreign birth. } New York

Duration of Residence in the City of Baltimore, one week

Place of Death, { Give Street and Number. } \* 723 S. Bethel St

Cause of Death, { First (Primary), Second (Immediate), } Apoplexy

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Evergreen Cemetery

Date of Burial, April 4<sup>th</sup> 1887

Undertaker, Geo. Pinehart Medical Attendant, John H. Rehberger M. D.

Place of Business, Health Office Address, 41709 Alice Annan

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



## Ward

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

John Edgar suspects [lower]



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# Health Department, City of Baltimore.

Permit No. 99005 Office of Registrar of Vital Statistics. Ward L<sup>a</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, April 2<sup>d</sup> 1887

Full Name of Deceased, John Eben  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 84 Years, — Months, — Days

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, married, { Cross out the words not required in this line. }

Occupation, Shoe maker

Birth Place, Bohemia, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 21 years

Place of Death, 1420 Philpot ave, { Give Street and Number. }

Cause of Death, Acute gastritis, Asthma, { First (Primary), Second (Immediate), }

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls cemetery

Date of Burial, April 4<sup>th</sup> 1887

Undertaker, Frank Erach

Place of Business, 827 Durham st Address, 930 N. Eden St

Jno. V. Pickel M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



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# Health Department, City of Baltimore.

Permit No. 99006 Office of Registrar of Vital Statistics. Ward 12<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, April 2nd

Full Name of Deceased, Annie Shir

Sex, Male or Female, Female

Age, 3 Years, 0 Months, 0 Days.

Color, White

Married, Single, Widow or Widower

Occupation, Bath maid

Birth Place, Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, St. Vincent's Asylum

Cause of Death, Crebritis  
Spasms

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus cemetery

Date of Burial, April 4th 1887

Undertaker, Frank Erach

Place of Business, 827 N. Durham Address, 1701 S. Hill av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



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# Health Department, City of Baltimore.

Permit No. 99117 Office of Registrar of Vital Statistics.

Ward 7<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, Sunday April 3rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William N. Dosey

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 21 Years, 5 Months,  Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Printer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give Street and Number. } 327 372 E. Chas St (old no)

Cause of Death, { First (Primary), Second (Immediate), } Acute Tuberculosis with Hemoptysis  
Exhaustion

Duration of Last Sickness, (7) weeks.

All the above information should be furnished by the Physician.

Place of Burial, Int. Obit.

Date of Burial, April 5 1887

{ Undertaker, Wm S. Key } Wilmer Brinton M. D.

Medical Attendant.

{ Place of Business, 301 1/2 Broadway } Address, Chas St. + Front Plac.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



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# Health Department, City of Baltimore.

Permit No. 99008 Office of Registrar of Vital Statistics.

Ward 13<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, March 31 '87

Full Name of Deceased, May Williams  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male  
{ Cross out the word not required in this line. }

Age, 45 Years,

Months, —

Days, —

Color, Black

Married, Single, Widow or Widower, Single  
{ Cross out the words not required in this line. }

Occupation, Servant

Birth Place, Baltimore City  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 45 years

Place of Death, University Hospital  
{ Give Street and Number. }

Cause of Death, Chronic nephritis  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Union Public Cemetery

Date of Burial, April 2<sup>nd</sup> 1887

Undertaker, E. E. Brown

Place of Business, Death Office

C. W. Mitchell M. D.

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



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# Health Department, City of Baltimore.

Permit No. 99009 Office of Registrar of Vital Statistics. Ward 2<sup>2</sup>

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## CERTIFICATE OF DEATH.

Date of Death, April 30, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Ann Bromley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 57 Years, Months, Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ellicott's Landing, Md.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give Street and Number. } # 803 S. Dallas St

Cause of Death, { First (Primary), Second (Immediate), } Impact of trees  
Hernia (umbilical)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cem.

Date of Burial, Apr 30 87

Undertaker, G. France John H. Rehberger M. D. Medical Attendant.

Place of Business, Bank of W. & A. Address, # 1709 Alice Anne St

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# Health Department, City of Baltimore.

Permit No. 99010 Office of Registrar of Vital Statistics. Ward 1<sup>st</sup>

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## CERTIFICATE OF DEATH.

Date of Death, Saturday April 2<sup>d</sup> 1889

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catharine Holtzman

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 66 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, { Give Street and Number. } 916 Hare St

Cause of Death, { First (Primary), Second (Immediate), } Paralysis  
Paralysis

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Apr 4<sup>th</sup> 89

{ Undertaker, E. France } J. C. Grichard M. D.  
Place of Business, Bank & Hope St Address, 3830 O' Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



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Health Department, City of Baltimore.

Permit No. 99011 Office of Registrar of Vital Statistics. Ward 6<sup>c</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2<sup>nd</sup> 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Margaret Konig

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 75 Years, 2 Months, 19 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ✓

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give Street and Number.} 2208 7<sup>th</sup> Mt. Ave.

Cause of Death, {First (Primary), Second (Immediate),} Old age Fairmount ave  
Bronchitis + Diarrhoea

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Apr. 5<sup>th</sup> 1887

{Undertaker, J. H. Collenberg M. D.  
Place of Business, J. H. Collenberg Address, Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]